PART B - FEE(S) TRANSMITTAL									
Complete and seed this form, together with applicable fee(s)				Cor P.O	nmissioner for D. Box 1450	Pate		P	
OC1 1:0 5000				(57)	xandria, Virgi l)-273-2885			,	
NSTRUCTIONS: This ppropriate Allegare dicated unless seriecte agintenance fee notifica	ofm should be used for correspondence including d below or directed oth	or transmitting the ISSU g the Patent, advance or erwise in Block I, by (a	JE FEE and PUBLIC rders and notification a) specifying a new c	of morres	ON FEE (if requinaintenance fees woondence address;	red). B ill be r and/or	locks I through 5 sh nailed to the current (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
7590 07/18/2006 Lisa E. Alexander, Esq.					Cert	tificate	of Mailing or Transi	nission	
	es & Diagnostics, In	c.		State	es Postal Service we essed to the Mail	ith suff Stop 1	icient postage for firs SSUE FEE address	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
P.O. Box 8097					Denise M. Vaillancourt (Depositor's name)				
Emeryville, CA 94662-8097				Chenter L				(Signature)	
}				00	ctober 6, 2	2006		(Date)	
PPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
09/887,853	06/21/2001 L. L. Hou			PP00926.106 2300-0926.05			9213		
ITLE OF INVENTION 12/2006 RMEBRAHI		DING PROTEINS FOR	IMMUNO-TARGETI	NG					
FC:1501 FC:1504	1400.00 300.00) OP) OP							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	10/18/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
CANELLA, KAREN A 1643			530-387300						
Change of correspond FR 1.363). Change of correspond	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
		A TO BE PRINTED ON							
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI		ified below, no assignee oletion of this form is NO	data will appear on T a substitute for filin (B) RESIDENCE: (ocument has been filed for	
Chiron Corporation Emeryville, CA									
	-	categories (will not be p	rinted on the patent):		Individual 🚨 Co	orporati	on or other private gro	oup entity Government	
a. The following fee(s)	are submitted:	4			se first reapply a	ny prev	iously paid issue fee	shown above)	
Issue Fee Issue Fee Image: A check is enclosed by Publication Fee (No small entity discount permitted) Image: Payment by credit permitted by Payment by credit permitted					d. Form PTO-2038	is atta	ched.		
				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-1648 (enclose an extra copy of this form).					
	tus (from status indicate								
a. Applicant clain	ns SMALL ENTITY state	us. See 37 CFR 1.27.					FITY status. See 37 C		
NOTE: The Issue Fee at nterest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademark	k Office.	than t	ne applicant; a reg	istered	attorney or agent; or u	he assignee or other party in	
Authorized Signature			Date 10/6/06						
Typed or printed name <u>Roberta L. Robins</u>					Registration 1				
This collection of inform in application. Confider ubmitting the complete his form and/or suggest	nation is required by 37 C ntiality is governed by 35 d application form to the tions for reducing this bu	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will varied use to the control of t	ion is required to obtain 1.14. This collection by depending upon the Chief Information of COMPLETED FOR	in or i is est indiv	retain a benefit by timated to take 12 vidual case. Any co er, U.S. Patent and	the pub minutes ommen Trader	lic which is to file (and it to complete, including to on the amount of the complete, U.S. Dept. TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete nartment of Commerce, P.O. for Patents, P.O. Box 1450.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.